

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032169

FILED VS SEP 28 1959

143 Primary Registration District No. 5560 Registrar's No. 14

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Howell</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Howell</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Willow Springs R#2</b>		Length of stay in 1b		c. CITY OR TOWN <b>Willow Springs</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Highway Accident</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>R#2</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Lonal</b> Middle <b>A.</b> Last <b>LOWE</b>				4. DATE OF DEATH Month <b>Sept.</b> Day <b>23</b> Year <b>1959</b>					
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>4/24/38</b>		9. AGE (last birthday) <b>21</b> IF UNDER 1 YEAR: Months <b>4</b> Days <b>29</b> IF UNDER 24 HR: Hours <b>29</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Factory Worker</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Shoe Factory</b>		11. BIRTHPLACE (City and state or country) <b>Howell County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Hubert Lowe</b>			13b. MOTHER'S MAIDEN NAME <b>Ruby Green <del>Low</del></b>			14. NAME OF HUSBAND OR WIFE <b>Unmarried</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO.		17. INFORMANT <b>Hubert Lowe, Willow Spgs. R#2, Mo.</b> Address				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Shock</b> DUE TO (b) <b>Compound fx Skull &amp; other multiple fx Instent</b> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Motorcycle Accident on Hgw. "H" 5 Miles South Willow Springs, Mo.</b>					
20c. TIME OF INJURY Hour <b>4:45 PM</b> a.m. Month, Day, Year <b>9/23/59</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>State Hgw. "H"</b>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>Willow Spgs (Rural) Howell, Mo.</b>			
21. I attended the deceased from <b>9-23-59</b> to <b>9-23-59</b> and last saw her alive on <b>9-23-59</b> Death occurred at <b>4:45 P</b> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <b>W. L. Swen MD</b> (Degree or title)				22b. ADDRESS <b>Willow Springs, Mo.</b>			22c. DATE SIGNED <b>9/25/59</b> (Date)		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>9/26/59</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Pine Grove</b>		23d. LOCATION (City, town, or county) <b>Willow Springs, Mo.</b>			
24. FUNERAL DIRECTOR <b>Burns Funeral Home, Willow Spgs., Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>9/25/59</b>		26. REGISTRAR'S SIGNATURE <b>Marshall Leland</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS OCT 5 1934

MS OCT 2 1934 SM

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed F. W. Barnes  
F. W. Barnes

Licensed Embalmer No. 4614

P. O. Address Willow Springs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.